Debtor(s)	Michael A Donovan	SS#:	xxx-xx-2310	Net Monthly Earnings:	5,000.00	
	Judie A Donovan	SS#:	xxx-xx-2847	Number of Dependents:	1_	
1. Plan Pa (X	yments: _) Debtor(s) propose to pay direct a total of \$		1,770.00	weekly bi-weekly semi	-monthly monthly into	the plan; or
() Payroll deduction Order: To					for
		\$		weekly bi-weekly	semi-monthly month	hly.
Lengtl	n of plan is approximately months, a	nd the	total amount of debt t	to be distributed by the Trustee is	approximately \$ 106,2	00.00
II. From	the payments received, the trustee shall make d	isburs	ements pursuant to th	e Bankruptcy Code including:		
A. Pl	RIORITY CLAIMS (INCLUDING ADMINIST	RATIV	E EXPENSES AND	SUPPORT) [See § 1322(a)(2)]		
The fo	ollowing priority claims, if allowed, will be paid	l in ful	l unless creditor agre	es otherwise:		

CREDITOR	TYPE OF PRIORITY	SCHEDULED AMOUNT	MONTHLY PAYMENT
Alabama Department of Revenue	Taxes and certain other debts	\$1,235.86	
Alabama Department of Revenue	Taxes and certain other debts	\$937.04	
Alabama Department of Revenue	Taxes and certain other debts	\$2,500.00	
Alabama Department of Revenue	Taxes and certain other debts	\$397.51	
Alabama Department of Revenue	Taxes and certain other debts	\$507.15	
Internal Revenue Service	Taxes and certain other debts	\$1,983.57	
Internal Revenue Service	Taxes and certain other debts	\$2,951.02	
Madison County Courthouse	Taxes and certain other debts	\$490.07	

- B. Total Attorney Fee: \$ 2,750.00; \$605.00 paid pre-petition; \$2145.00 to be paid at confirmation.
- C. The holder of each SECURED claim shall retain the lien securing such claim until a discharge is granted and such claim shall be paid in full with interest in deferred cash payments as follows:
 - 1. Long Term Debts:

Name of Creditor		Amount of regular payment to be paid	Regular Payments to begin: Month/Year	Arrears to be paid by Trustee	Months included in arrearage amount	Proposed Interest Rate on Arrearage	Proposed Fixed Payment on Arrearage
Citizens Bank	\$185,753.00	by Trustee by Debtor \$1,766.00		\$3,600.00	2 months	5.25%	To be determined by Trustee
Wilshire	\$113,000.00	by Trustee		\$3,000.00	2 months	5.25%	To be determined by Trustee

2. Secured Debts (not long term debts) to be paid through Trustee:

Name of Creditor	Adequate Protection Payments	Total Amount of Debt	Debtor's Value	Unsecured Portion	Description of Collateral	Proposed Interest Rate	Proposed fixed Payments	Fixed Payment to Begin
Citizens Bank	\$40.00	\$2,000.00	\$4,000.00	\$2,000.00	2000 Ford Mustang This is debtors daughters auto - Debtors used as collateral on this loan but daughter co-signed on it Pay 100% to protect co-signer Balance in plan	5.25%	\$40.99	
Ford Motor Credit	\$256.00	\$25,691.00	\$25,691.00	\$0.00	2007 Ford Taurus Balance in plan	5.25%	\$526.58	

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Name of Creditor	Adequate Protection Payments	Total Amount of Debt	Debtor's Value	Unsecured Portion	Description of Collateral	Proposed Interest Rate	Proposed Crixed Payments	Fixed Payment to Begin
Freedom Road Financial	\$134.00	\$13,499.00	\$13,499.00	\$0.00	2007 Harley Davidson Balance in plan Husbands only mode of transportation	5.25%	\$276.68	
Dell	\$0.00	\$3,155.00	\$300.00		Computer Balance in plan	5.25%	\$673.84	

III. Other debts (not shown in 1 or 2 above) which Debtor(s) propose to pay direct:

Name of Creditor	Total Amount of Debt	Amount of Regular Payment	Description of Collateral	Reason for Direct Payment
-NONE-				

-NONE-					
IV. Special Provisions:					
This is a	n original plan.				
This is an	amended plan replaci	ng plan dated			
This pla	n proposes to pay unse	ecured creditors9	6.		
(1) All cred	• •	non-plan direct are h quests to facilitate th		ed relief to continue to se enance payments.	nd monthly invoice,
costs, incl been paid properly fi	uding 503 (b) claithe trustee shall	ims of filing fees of \$ pay the properly filed sub-classed. The rer	274.00 and then atted secured claims, the	noney received, the truste orneys fees of \$2145.00. nen the properly filed pric eived by the trustee shall	When these costs have ority claims, then any
` '				2 OR UNTIL SAID CLAIM ER BAR DATE REVIEW.	IS PAID IN FULL.
payments security) v	until confirmation with the Court that	n of the plan, to credi	itors who have actu ble pursuant to 11 U	ibute payments, including ally filed proof of claims (J.S.C. §501 (a). Above ad time of filing.	(including proof of

•		
Name/Address/Telephone/Attorney for Debtor (s)	Date 2/5/2010	/s/ Michael A. Donovan
Amy K. Tanner		Michael A Donovan
Depot Professional Village, Suite 100		Signature of Debtor
415 Church Street		/s/ Judie A. Donovan
Huntsville, AL 35801		Judie A Donovan
Telephone # 256-539-9899	-	Signature of Debtor